



Commercial Crime Policy Application For Casinos

Application is hereby made by _____

(Please attach a list of all Insureds, including Employee Benefit Plans)

Principal Address _____ City _____ Province _____ Postal Code _____

Policy Effective Period _____ to _____

1. Insuring Agreements

	Limit of Insurance	Deductible
1. Employee Dishonesty	\$	\$
2. Forgery or Alteration	\$	\$
3. Inside the Premises	\$	\$
4. Outside the Premises	\$	\$
5. Computer Fraud	\$	\$
6. Money Orders and Counterfeit Paper Currency	\$	\$
7. Loss of Clients' Property	\$	\$
8. Funds Transfer Fraud	\$	\$
a. Coverage Amendments (Endorsements) _____		
b. Is Kidnap, Ransom, and Extortion Coverage Desired?		
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

2. Loss History

Enter all claims or occurrences that may give rise to claims for the prior 5 years:

Check here if none

Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Claim Status (Open or Closed)

Comments/Corrective Action Taken _____

3. Prior Insurance

	Yes	No		
a. Has any similar insurance been declined or canceled during the past three years?	<input type="checkbox"/>	<input type="checkbox"/>		
b. If yes , please explain: _____ _____				
c. Prior insurance to be superseded: <input type="checkbox"/> Check here if none				
Form of Insurance	Effective Date	Expiration Date	Limit of Insurance	Name of Insurance Company

4. Description of Organization

a. Legal Entity

Proprietorship Partnership Corporation Other _____

b. Date of Establishment _____

	Yes	No
c. Has there been any change in ownership or management within the past three years?	<input type="checkbox"/>	<input type="checkbox"/>

d. **If yes**, please explain _____

e. Please provide a breakdown of the total number and types of table games (*i.e. blackjack, craps*) and the total number of slot machines: _____

5. Employees and Locations

	Canada	U.S.	Foreign	Grandtotal
Number of Employees				
Number of Locations				

6. Casino Controls

	Yes	No
a. State hours of operation _____		
b. Do you employ security guards?	<input type="checkbox"/>	<input type="checkbox"/>
1. How many are on duty each shift? _____		
2. Do they carry weapons?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the Casino wired to the local police station?	<input type="checkbox"/>	<input type="checkbox"/>
1. If no , what is it wired to? _____		
2. What is the distance to the nearest police station? _____		
d. What are the average and maximum cash exposures? Average _____ Maximum _____		
e. Do the cashiers have hold up alarms?	<input type="checkbox"/>	<input type="checkbox"/>
f. What type of barriers exist between the cashiers' cage and the patrons? (<i>i.e. steel bars</i>) _____		

6. Casino Controls *continued*

Yes No

g. Specify safe(s) and/ or vault(s). _____

h. Describe procedures used to open safe(s) or vault(s). _____

i. If a vault is used, is there an alarm in the vault? Yes No

j. Are surveillance cameras utilized on the: casino floor? Yes No

1. Cashiers area? Yes No

2. Counting room? Yes No

k. Are pocketbooks and packages prohibited from the counting room? Yes No

l. Please describe if any special clothing is required? (e.g. no pockets, etc) _____

m. Is an armoured car service used for all deliveries of valuables (currency, securities, coins, chips, tokens, etc.) to and from the casino? Yes No

1. If yes, which armoured car service. _____

2. If no, please explain procedures. _____

n. How often are deposits made? _____

o. What is the average deposit size? _____

p. Do you vary the time of your deposits? Yes No

q. Are the following included in your pre-employment screening?

- Drug Credit Criminal Background

r. Are employees allowed to gamble on site while working? Yes No

If yes, please explain: _____

s. Do you extend casino credit? Yes No

t. Who can authorize credit in excess of \$25,000? _____

u. Do you host special events/ tournaments? Yes No

If yes, are the funds/ non-valued chips used for these special events reconciled in the same manner as the standard casino operations? Please explain: _____

v. Do you safeguard your "markers"? Yes No

w. Are original "markers" allowed off the premises? Yes No

x. Are slot machines alarmed to guard against manipulation? Yes No

y. Are slot machine variances resolved on a regular basis? Yes No

z. Are cards and dice changed at the end of each shift or are they changed daily?

aa. Is the use of skill players permitted? Yes No

bb. Are computer passwords modified to keep up with changes in personnel? Yes No

7. Licensing	Yes	No
Are you in compliance with any provincial or regional gaming authorities/commissions? If yes , please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
a. How often is cash accounted for? _____		
b. Is each gaming table checked for an accurate count of money at the end of each shift?	<input type="checkbox"/>	<input type="checkbox"/>
c. How many individuals must verify the gaming table inventory for "fill" chips? _____		
d. Is cash counted and recorded at the end of each shift?	<input type="checkbox"/>	<input type="checkbox"/>
e. How many people have access to the counting room? _____		
f. Is there a supervisor on duty at all times?	<input type="checkbox"/>	<input type="checkbox"/>

8. Audit Procedures	Yes	No
a. Are your annual financial statements audited by a public accountant?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the public accountant's opinion unqualified?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does it include all interests and locations on an annual basis?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have all recommendations made by the accountant been adopted?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all reports sent directly to the Owner, Partners or Directors?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there a full time professional staff auditor?	<input type="checkbox"/>	<input type="checkbox"/>
g. Does the staff auditor conduct an audit annually <input type="checkbox"/> or on a surprise basis <input type="checkbox"/>		
h. Is there a formal audit program?	<input type="checkbox"/>	<input type="checkbox"/>
i. Does the auditor originate entries?	<input type="checkbox"/>	<input type="checkbox"/>
j. If weaknesses are discovered, does the auditor report in writing to the First Named Insured?	<input type="checkbox"/>	<input type="checkbox"/>
k. Do you audit your Wire Transfer procedures?	<input type="checkbox"/>	<input type="checkbox"/>
l. Are foreign locations audited at least annually?	<input type="checkbox"/>	<input type="checkbox"/>
m. Are foreign locations audited by a Canadian auditor <input type="checkbox"/> or foreign auditor <input type="checkbox"/>		

9. Internal Controls	Yes	No
(Bank Accounts)		
a. Are bank accounts reconciled monthly?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are bank accounts reconciled by someone not authorized to deposit, withdraw, or write cheques?	<input type="checkbox"/>	<input type="checkbox"/>
(Cheques & Securities)		
c. Is countersignature of all cheques required? If no , above what amount? _____	<input type="checkbox"/>	<input type="checkbox"/>
d. Do all vouchers or other supporting record accompany all cheques to be signed?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are vouchers/supporting records stamped "PAID" when cheques are signed?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you maintain a list of approved vendors?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are your systems designed so that no single employee can control a transaction from beginning to end (e.g. approve a voucher, request and sign a cheque)?	<input type="checkbox"/>	<input type="checkbox"/>
h. Are securities subject to the joint control of two or more employees?	<input type="checkbox"/>	<input type="checkbox"/>
i. Do the above controls differ in foreign locations?	<input type="checkbox"/>	<input type="checkbox"/>

9. Internal Controls *continued*

Yes No

(Payroll)

j. Is the payroll made up by persons other than those who distribute it to employees? Yes No

k. Are all persons who are authorized to hire and/or fire employees prohibited from distributing the payroll? Yes No

(Shipping and Receiving)

l. Are all persons engaged in purchase or sales activities prohibited from taking part in shipping & receiving activities? Yes No

m. Are all shipping and receiving activities reconciled to all applicable sale or purchase orders? Yes No

n. Does any employee have access to the purchasing system and also the accounts payable system? Yes No

o. Is all purchasing centralized out of your main office? Yes No

p. Do you have a system to detect payment to fictitious suppliers? Yes No

q. Are cash or credits on return purchases supervised by at least two persons? Yes No

10. Vendor Information

Yes No

a. Are background checks performed on vendors in order to determine ownership and financial capability prior to doing business with them? Yes No

b. Is an authorized vendor list utilized and updated for all annual purchases, with competitive bidding required over stated amounts? Yes No

c. Are requisitions and purchase orders issued only after the approval of specified personnel within specified limits? Yes No

d. Is each cash disbursement based on a recognized liability, accurately prepared, and appropriately authorized, including comparisons to authorized vendor lists and receiving reports? Yes No

e. Are perpetual inventories maintained of materials and supplies and periodically verified by physical count? Yes No

f. Are vendors provided with a statement of your conflict of interest and gift policy (*prohibiting gifts of any significant value*)? Yes No

g. Do the same controls apply to locations outside of Canada? Yes No

11. Property

Please provide a description of property, merchandise, stock, etc. to be covered. Please also state the maximum value.

12. Internet Security

Yes No

a. Do you buy or sell goods via the Internet? Yes No

b. Do you have a Firewall? Yes No

c. Do you have an Intrusion Detection System that identifies unauthorized access? Yes No

d. Do you have documented Internet guidelines for employees? Yes No

e. Do you have documented emergency procedures? Yes No

f. Has your computer system ever been invaded by a Hacker or Virus? Yes No

If yes to question (f), when and what controls have been implemented to prevent further incidences?

13. Precious Metals

Yes No

a. Do you handle, store or use for manufacturing, valuable or precious and/or non-precious metals?

b. Any type of mining?

If yes, please complete our Valuable Metals Questionnaire *(available upon request)*.

NOTICE TO APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

This document was issued or made by the Company in the course of its insurance business in Canada.

Applicant Signature _____ **Title** _____ **Date** _____

Producer Signature _____ **Title** _____ **Date** _____